DODGE COUNTY 2013 HEALTH INSURANCE - HMO OPTION / STANDARD PPO - SHARED PREMIUM

HEALTH PLAN	SINGLE MONTHLY CONTRIBUTION				FAMILY MONTHLY CONTRIBUTION		
DODGE COUNTY QUALIFIED PLANS ARE SHADED GREY.	TOTAL	EMPLOYER	EMPLOYEE		TOTAL	EMPLOYER	EMPLOYEE
STANDARD PLAN: DANE	1042.40	478.48	563.92		2600.90	1193.40	1407.50
STANDARD PLAN: MILWAUKEE	1216.60	478.48	738.12		3036.20	1193.40	1842.80
STANDARD PLAN: WAUKESHA	1124.90	478.48	646.42		2806.90	1193.40	1613.50
STANDARD PLAN: BALANCE OF STATE	1124.90	478.48	646.42		2806.90	1193.40	1613.50
STATE MAINTENANCE PLAN	748.10	478.48	269.62		1865.80	1193.40	672.40
ANTHEM BCBS NORTHEAST	970.70	478.48	492.22		2422.00	1193.40	1228.60
ANTHEM BCBS NORTHWEST	1124.30	478.48	645.82		2806.00	1193.40	1612.60
ANTHEM BCBS SOUTHEAST	1072.30	478.48	593.82		2676.00	1193.40	1482.60
ARISE HEALTH PLAN	944.20	478.48	465.72		2355.70	1193.40	1162.30
DEAN HEALTH PLAN	644.10	478.48	165.62		1605.50	1193.40	412.10
GHC OF EAU CLAIRE	1050.50	478.48	572.02		2621.50	1193.40	1428.10
GHC OF SOUTH CENTRAL WISCONSIN	573.80	478.48	95.32		1429.70	1193.40	236.30
GUNDERSEN LUTHERAN HEALTH PLAN	759.80	478.48	281.32		1894.70	1193.40	701.30
HEALTHPARTNERS	732.40	478.48	253.92		1826.20	1193.40	632.80
HEALTH TRADITION HEALTH PLAN	838.50	478.48	360.02		2091.50	1193.40	898.10
HUMANA-EASTERN	1148.20	478.48	669.72		2865.70	1193.40	1672.30
HUMANA-WESTERN	1148.20	478.48	669.72		2865.70	1193.40	1672.30
MEDICAL ASSOCIATES HEALTH PLAN	741.90	478.48	263.42		1850.00	1193.40	656.60
MEDICARE PLUS*	NA*				NA*		
MERCYCARE HEALTH PLAN	554.40	478.48	75.92		1381.20	1193.40	187.80
NETWORK HEALTH PLAN	741.50	478.48	263.02		1849.00	1193.40	655.60
PHYSICIANS PLUS-MERITER & UW	604.10	478.48	125.62		1505.50	1193.40	312.10
SECURITY HEALTH PLAN	1115.10	478.48	636.62		2783.00	1193.40	1589.60
UNITEDHEALTHCARE NE	797.60	478.48	319.12		1989.20	1193.40	795.80
UNITEDHEALTHCARE SE	838.00	478.48	359.52		2090.20	1193.40	896.80
UNITY-COMMUNITY	528.70	478.48	50.22		1317.00	1193.40	123.60
UNITY-UW HEALTH	504.10	478.48	25.62		1255.50	1193.40	62.10
WEA TRUST PPP - EAST	801.60	478.48	323.12		1999.20	1193.40	805.80
WEA TRUST PPP - NORTHWEST	840.20	478.48	361.72		2095.70	1193.40	902.30
WPS METRO CHOICE NORTHWEST	1064.90	478.48	586.42		2657.50	1193.40	1464.10
WPS METRO CHOICE SOUTHEAST	1241.70	478.48	763.22		3099.50	1193.40	1906.10

Standard Plan rates are determined by the employer county or the retiree county of residence.

STANDARD PLAN AREA INCLUDES THE FOLLOWING:	
	[1]BALANCE OF STATE: All other Wisconsin counties
	[2]DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
	[3]MILWAUKEE: Milwaukee County, also applies to retirees and continuants living out of state
	[4]WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha

N/A= "not applicable." Medicare eligible participants automatically receive Standard Plan benefits.
Medicare premium rates (not shown) apply only to subscribers who have terminated employment.

*Members with Standard Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Standard Plan or SMP.

DENTAL BENEFIT	TOTAL	EMPLOYER PAID (FT)	EMPLOYEE PAID (FT)	COBRA
SINGLE	$ 29.37	$ 26.70	$ 2.67	$ 29.96
FAMILY	$ 94.17	$ 85.62	$ 8.55	$ 96.05